08/08/2007 11:55

Image# 27931056985

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Council of Life Insurers Political Action Committee 101 Constitution Ave., NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20001 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00147066 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2007 07 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Donald L. Walker Type or Print Name of Treasurer Electronically Filed by Mr. Donald L. Walker 08 8 0 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Report Covering the Period: From:	01 2007	To: 0 7 3 1 2 0 0 7
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 Y2007 Y		35088.05
(b) Cash on Hand at Begining of Reporting Period	9640.14	
(c) Total Receipts (from Line 19)	15104.71	191162.80
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24744.85	226250.85
Total Disbursements (from Line 31)	2977.66	204483.66
Cash on Hand at Close of		
Reporting Period (subtract Line 7 from Line 6(d))	21767.19	21767.19
Debts and Obligations owed TO		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed BY		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This Committee has qualified as a multicandida	te committee. (see FEC FORM 1M)	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

(subtract Line 18(c) from Line 19)

American Council of Life Insurers Political Action Committee

0 1 м м 0 7 2007 м м 0 7 3^D1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 9075.92 45035.99 (i) Itemized (use Schedule A) 1028.79 28626.81 (ii) Unitemized (iii) TOTAL (add 10104.71 73662.80 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 5000.00 117500.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 15104.71 191162.80 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 15104.71 191162.80 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 15104.71 191162.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: — (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures	0.00	0.00
2.	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees and Other Political Committees	1027.66	197033.66
4.	Independent Expenditure		
_	(use Schedule E)	0.00	0.00
ο.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	5.00	
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	1950.00	7450.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1	Total Disbursements (add Lines 21(c), 22,		
••	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2977.66	204483.66
	20, 21, 20, 27, 20(d), 20 and 00(0))		
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	22 22	201122
		2977.66	204483.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Opera Expenditures	ting COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans from Line 11(d), page 3)		191162.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	15104.71	191162.80
 Total Federal Operating Expenditure (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)		l lea canarata cahadula(a)	FOR LINE NUMBER: PAGE 6 / 23
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Any information copied from such Reports and St	atomonto ma	y not be cold or used by any perce	13 14 15 16 17
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insurers Politi	cal Action (Committee	
Full Name (Last, First, Middle Initial) A. James G. Lewis			Date of Receipt
Mailing Address 4608 Driftwood			07 10 7 2007
City Frisco	State TX	Zip Code 75034-5132	Transaction ID: 20711157 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.000	1500.00
Name of Employer Central Security Life Ins- urance Compan		e Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Leah J. Walters			Date of Receipt
Mailing Address 101 Consitution Ave, NW Suite 700			07 12 7 2007
City <u>Washington</u>	State DC	Zip Code 20001-2133	Transaction ID: 20728198
FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 250.00
Name of Employer American Council of Life Insurance	Occupation Counsel	n	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		250.00	
Full Name (Last, First, Middle Initial) C. Mr Jerry D Davis			Date of Receipt
Mailing Address P.O. Box 1486			07 24 2007
City	State	Zip Code	Transaction ID: 20877110
Fort Worth	TX	76101-1486	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1450.00
Name of Employer National Farm Life Insura- nce	Occupation Presiden	n t & Chief Executive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1450.00	
SUBTOTAL of Receipts This Page (optional)			3200.00
TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/23
ITEMIZED RECEIPTS			or each category of the	(check only one)
	LIVIIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δn	by information copied from such Reports and Stater	ments may	not he sold or used by any nerso	
or	for commercial purposes, other than using the nam	ne and add	lress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Political	Action C	Committee	
۹.	Full Name (Last, First, Middle Initial) Mr. Cary Wright			Date of Receipt
	Mailing Address P.O. Box 1486			07 24 2007
	City	State	Zip Code	Transaction ID: 20877113
	Fort Worth	TX	76101-1486	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	National Farm Life Insura-	Dccupation Senior Vi	n ce President, Marketing	
	1100		Year-to-Date ▼	
	Primary General		050.00	
	Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. C. Robert Henrikson			Date of Receipt
	Mailing Address 153 Sunset Hill Road			07 30 7 2007
	City	State	Zip Code	Transaction ID: 20901565
	New Canaan	CT	06840-4004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1250.00
	Mothifo Ino '	Occupation		7
			of the Board, President & C	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1250.00	
	Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent			Date of Receipt
•	Mailing Address 101 Constitution Ave, NW			M M / D D / Y Y Y Y
	Suite 700			
	City	State	Zip Code	Transaction ID: PR1120489711284
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		88.66
	Name of Employer American Council of Life	Occupation	1	7
	Insurers	Senior Co		
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	620.63	P/R Deduction (\$44.33 Sem- i-Monthly)
s	UBTOTAL of Receipts This Page (optional)			1588.66
_	- I		······· •	
T	OTAL This Period (last page this line number only))	•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 23 (check only one) X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persor dress of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politic	al Action (Committee	
Full Name (Last, First, Middle Initial) A. Mr. Donald L. Walker Mailing Address 101 Constitution Ave, NW				Date of Receipt
	Suite 700 City	State	Zip Code	Transaction ID: PR1156427111284
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer American Council of Life Insurers Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation CFO Aggregate	Year-to-Date ▼	P/R Deduction (\$50.00 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) Ms. Ann B. Cammack Mailing Address 101 Constitution Ave, NW				Date of Receipt
	Suite 700	Transaction ID: PR1333392911284		
	Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	255.20
	Name of Employer American Council of Life Insurers Receipt For:		n ce President, Tax and Retirer Year-to-Date ▼	- m -
	Primary General Other (specify) ▼	Aggregate	1786.41	P/R Deduction (\$127.60 Semi-Monthly)
	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes			Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West				M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771358211284
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		270.34
	Name of Employer American Council of Life Insurers Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n e Vice Pres & General Counse e Year-to-Date ▼ 1892.37	P/R Deduction (\$135.17 Se- mi-Monthly)
S	UBTOTAL of Receipts This Page (optional)		>	625.54
	OTAL This Period (last page this line number on			

SCHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 9 / 23
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers Politic	al Action (Committee	
Full Name (Last, First, Middle Initial) A. Ms. Linda H. Cunningham			Date of Receipt
Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR771362411284
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer American Council of Life Insurers	Occupation Vice Pres	n Sident, Conference Developm	ent
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	700.00	P/R Deduction (\$50.00 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) 3. Mr. John F. Dolan			Date of Receipt
Mailing Address 101 Constitution Ave, N Suite 700 West	M M / D D / Y Y Y Y		
City	State	Zip Code	Transaction ID: PR771365411284
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer American Council of Life Insurers	Occupation Vice Pres	n sident, Media Relations	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		280.00	P/R Deduction (\$20.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) 6. Ms. Barbara A. Price			Date of Receipt
Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR771369011284
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.26
Name of Employer American Council of Life Insurers		slative & Regulatory Informat	i
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		326.17	P/R Deduction (\$25.13 Sem- i-Monthly)
SUBTOTAL of Receipts This Page (optional)		·····	190.26
TOTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	al Action (Committee	
Full Name (Last, First, Middle Initial) Mr. J Bruce Ferguson Mailing Address 101 Constitution Avenue, NW Suite 700 West				Date of Receipt
	City	State	Zip Code	Transaction ID: PR771373211284
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		233.22
	Name of Employer American Council of Life Insurers Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n ce President, State Relations e Year-to-Date ▼ 1632.55	P/R Deduction (\$116.61 Semi-Monthly)
3.	Full Name (Last, First, Middle Initial) Ms. Shawn Hausman Mailing Address 101 Constitution Avenue.	NW		Date of Receipt
	Suite 700 West			
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771373511284
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 42.82
	Name of Employer American Council of Life Insurers		President, Public Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 299.73	P/R Deduction (\$21.41 Sem- i-Monthly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. David M. M. Leifer			Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West				M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771374011284
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		108.34
	Name of Employer American Council of Life Insurers Receipt For:	Occupation Senior Co		
	Primary General Other (specify) ▼	Aggregate	758.38	P/R Deduction (\$54.17 Sem- i-Monthly)
S	UBTOTAL of Receipts This Page (optional)		·····	384.38
т	OTAL This Period (last page this line number on	v)	>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 / 23
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Mr. James D. Hall			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771374311284
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Council of Life	Occupation Senior C		
	Insurers Receipt For:		e Year-to-Date ▼	-
	Primary General			P/R Deduction (\$15.00 Sem-
	Other (specify)	0 0	210.00	i-Monthly)
3.	Full Name (Last, First, Middle Initial) Mr. David R. Wentworth			Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771376011284
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Council of Life Insurers	Occupation Vice Pres	n sident, Research	
	Receipt For:		Year-to-Date ▼	7
	Primary General		420.00	P/R Deduction (\$30.00 Sem-
	Other (specify)	0 0	420.00	i-Monthly)
Э.	Full Name (Last, First, Middle Initial) Mr. C Bryan Cox			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771376811284
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.84
	Name of Employer American Council of Life	Occupation	n	7
	Insurers		Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	299.87	P/R Deduction (\$21.42 Sem- i-Monthly)
s	UBTOTAL of Receipts This Page (optional)			132.84
			•	
T	OTAL This Period (last page this line number or	nly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 23 (check only one) X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any person dress of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Mr. John W. W. Mangan, CEBS Mailing Address 101 Constitution Ave, NV Suite 700	V		Date of Receipt
	City	State	Zip Code	Transaction ID: PR771377111284
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼		vice President, State Relation e Year-to-Date ▼	P/R Deduction (\$100.00 Se- mi-Monthly)
3.	Full Name (Last, First, Middle Initial) Mr. Donald G. Preston Jr. Mailing Address 101 Constitution Avenue,	NW		Date of Receipt
	Suite 700 West			
	City	State	Zip Code	Transaction ID: PR771386411284
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 153.12
	Name of Employer American Council of Life Insurers Receipt For:		n g Director, Reinsurance e Year-to-Date ▼	-
	Primary General Other (specify) ▼	39.19	1071.85	P/R Deduction (\$76.56 Sem- i-Monthly)
).	Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan			Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West				M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771395111284
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		326.04
	Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)		n e Vice President, Federal Rela e Year-to-Date ▼ 2282.28	P/R Deduction (\$163.02 Se- mi-Monthly)
S	UBTOTAL of Receipts This Page (optional)			679.16
т	OTAL This Period (last page this line number on	v)	•	

SCHEDULE A (FEC Form 3X)			lloc concrete cobodulo(c)	FOR LINE NUMBER: PAGE 13/23
ITEMIZED RECEIPTS			or each category of the	(check only one)
•	LIMIZED REGENT TO		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Staten	nents mav	not be sold or used by any person	
or	for commercial purposes, other than using the name	ne and add	lress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Council of Life Insurers Political	Action C	Committee	_
۹.	Full Name (Last, First, Middle Initial) Mr. John Pearson			Date of Receipt
	Mailing Address 10075 Red Run Boulevard			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771402611284
	Owings Mills	MD	21117-4865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Raltimore I ife Incurance	Dccupation President		
	Company		Year-to-Date ▼	
	Primary General	r iggi ogalo		P/R Deduction (\$50.00 Bi-
	Other (specify) ▼	0 0	750.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Morris Goff			Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771419311284
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		79.98
	American Council of Life	Occupation		
	Insurers		sident, Federal Relations	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D D 1 11 1 (400 00 0
	Other (specify) ▼		559.86	P/R Deduction (\$39.99 Sem- i-Monthly)
).	Full Name (Last, First, Middle Initial) Frank Keating			Date of Receipt
	Mailing Address 101 Constitution Avenue, No. 101 Suite 700 West	WV		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771419711284
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer American Council of Life	Occupation	1	7
	Insurers	President		
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		2916.62	P/R Deduction (\$208.33 Semi-Monthly)
s	UBTOTAL of Receipts This Page (optional)		.	596.64
_	OTAL Title Descriptions and the second second			
т	OTAL This Period (last nage this line number only)	١		

	CHEDULE A (FEC Form 3X)		se separate schedule(s) each category of the	(check only one)
П	EMIZED RECEIPTS		etailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Statemen for commercial purposes, other than using the name a	nts may not l and address	oe sold or used by any perso of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Council of Life Insurers Political Ac	ction Com	mittee	_
A.	Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter			Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West			M M / D D / Y Y Y Y
	City Sta	ate	Zip Code	Transaction ID: PR771419811284
	Washington DO	<u>C</u>	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			416.66
	Name of Employer American Council of Life Insurers Occ Exe			
		gregate Year	r-to-Date ▼	
	Primary General Other (specify) ▼		2916.62	P/R Deduction (\$208.33 Semi-Monthly)
В.	Full Name (Last, First, Middle Initial) Brenda Nation			Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West			M M / D D / Y Y Y Y
			Zip Code	Transaction ID: PR771419911284
	Washington D0	C	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			100.00
	American Council of Life	cupation	-1	
	Insurcis	nior Couns gregate Year		_
	Primary General	grogato real		P/R Deduction (\$50.00 Sem-
	Other (specify) ▼	0 0	700.00	i-Monthly)
С.	Full Name (Last, First, Middle Initial) Ms. Nancy Smith			Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	V		M M / D D / Y Y Y Y
	City Sta	ate	Zip Code	Transaction ID: PR771420011284
	<u>Washington</u> DO	<u>C</u>	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			30.00
	American Council of Life	upation	-:	7
	Insurers	ecutive Ass gregate Year		_
	Primary General	grogato real	to Bate V	P/R Deduction (\$15.00 Sem-
	Other (specify) ▼		210.00	i-Monthly)
s	UBTOTAL of Receipts This Page (optional)			546.66
H	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat- for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	al Action (Committee	
A .	Full Name (Last, First, Middle Initial) Mr. Daniel J. J. Mahoney Mailing Address 101 Constitution Avenue	NW		Date of Receipt
	Suite 700 West City	State	Zip Code	Transaction ID: PR771420911284
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		113.76
	Name of Employer American Council of Life Insurers Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n sident, Communications e Year-to-Date ▼ 796.31	P/R Deduction (\$56.88 Sem-i-Monthly)
3.	Full Name (Last, First, Middle Initial) Ms. Debra K. West Mailing Address 101 Constitution Avenue.	NIM		Date of Receipt
	Suite 700 West			
	City	State DC	Zip Code	Transaction ID: PR771421011284
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 100.00
	Name of Employer American Council of Life Insurers Receipt For:		n ounsel & Director, Southern e Year-to-Date ▼	Re
	Primary General Other (specify) ▼		700.00	P/R Deduction (\$50.00 Sem- i-Monthly)
).	Full Name (Last, First, Middle Initial) Ms. Katherine C. Smith			Date of Receipt
	Mailing Address 101 Constitution Ave, NV Suite 700 West	V		M * M / D * D / Y * Y * Y * Y
	City	State	Zip Code	Transaction ID: PR771422911284
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		59.38
	Name of Employer American Council of Life Insurers	Occupation PAC Dire	ector	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 402.53	P/R Deduction (\$29.69 Sem- i-Monthly)
S	UBTOTAL of Receipts This Page (optional)			273.14
т	OTAL This Period (last page this line number on	v)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 / 23
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Betailed Carrinary Fage	13 14 15 16 17
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
	Full Name (Last, First, Middle Initial)			Data of Bassint
٩.	Ms. Lisa Tate	N IVA /		Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700	, INVV		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771423211284
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		80.00
	Name of Employer American Council of Life	Occupation		7
	Insurers		e General Counsel, Litigation	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	l ' '	560.00	P/R Deduction (\$40.00 Sem- i-Monthly)
	Other (specify)		0 0 0 0 0 0 0	1 Working)
	Full Name (Last, First, Middle Initial)			
3.	Mr. John P. Gerni			Date of Receipt
	Mailing Address 101 Constitution Ave, NV Suite 700	V		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771428711284
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing			110.42
	federal political committee.	C		110.42
	Name of Employer	Occupation	 1	┥
	American Council of Life Insurers		egislative Director	
	Receipt For:		Year-to-Date ▼	
	Primary General		740.40	P/R Deduction (\$55.21 Sem-
	Other (specify) ▼		740.42	i-Monthly)
	Full Name (Lost First Middle Initial)			<u> </u>
Э.	Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott			Date of Receipt
	Mailing Address 101 Constitution Ave, NV	٧		M " M / D " D / Y " Y " Y " Y
	Suite 700 West			
	City	State	Zip Code	Transaction ID: PR771428811284
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		117.50
	rederal political committee.			
	Name of Employer American Council of Life	Occupation		
	Insurers		ce President, Federal Relation	2-
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		822.50	P/R Deduction (\$58.75 Sem- i-Monthly)
	Cutor (Specify)		0 0 0 0 0 0 0	I monthly)
	L			207.00
S	UBTOTAL of Receipts This Page (optional)		·····	307.92
T	OTAL This Period (last page this line number on	lv)	-	
•	(.act page the mic hambel of	,,		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 / 23							
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)							
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12							
				13 14 15 16 17							
An or	ly information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.							
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
\rangle	American Council of Life Insurers Politic	al Action (Committee								
۹.	Full Name (Last, First, Middle Initial) David C. Turner			Date of Receipt							
	Mailing Address 101 Constitution Ave, NV Suite 700	N		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR771428911284							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		171.26							
	Name of Employer American Council of Life Insurers	Occupation Sr. Vice I	n President and Corp Sec.								
	Receipt For:		e Year-to-Date ▼								
	Primary General Other (specify) ▼		1198.81	P/R Deduction (\$85.63 Sem- i-Monthly)							
 3.	Full Name (Last, First, Middle Initial) Alane R. Dent			Date of Receipt							
	Mailing Address 101 Constitution Ave, NV Suite 700	N		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR771444311284							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		48.80							
	Name of Employer American Council of Life Insurers	Occupation Vice Pres	n sident, Federal Relations								
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General Other (specify) ▼		341.60	P/R Deduction (\$24.40 Sem- i-Monthly)							
).	Full Name (Last, First, Middle Initial) T Scott Dixon			Date of Receipt							
	Mailing Address 101 Constitution Avenue Suite 700 West	NW		M * M / D * D / Y * Y * Y * Y							
	City	State	Zip Code	Transaction ID: PR771444911284							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		40.00							
	Name of Employer American Council of Life Insurers	Occupation Controlle									
	Receipt For:	l	e Year-to-Date ▼								
	Primary General Other (specify)		280.00	P/R Deduction (\$20.00 Sem- i-Monthly)							
s	UBTOTAL of Receipts This Page (optional)			260.06							
			·								
T	OTAL This Period (last page this line number or	ıly)									

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 23					
ITEMIZED RECEIPTS		or each category of the	(check only one)					
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11					
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)	iaine and add	areas or any pontical committee to	Solicit Contributions from Such Committee.					
American Council of Life Insurers Politic	cal Action (Committee						
Full Name (Last, First, Middle Initial) A. Ms. Julie A. Spiezio			Date of Receipt					
Mailing Address 101 Constitution Avenue	e NW		M " M / D " D / Y " Y " Y " Y					
Suite 700 City	State	Zip Code	Transaction ID: PR771449611284					
Washington	DC	20001-2133	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer American Council of Life	Occupation		-					
Insurers		ice President	_					
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Dadwatian (\$05.00 Com					
Other (specify) ▼		350.00	P/R Deduction (\$25.00 Sem- i-Monthly)					
Full Name (Last, First, Middle Initial) 3. Mrs Monica M Hainer			Date of Receipt					
Mailing Address 130 Wentworth Drive			M " M / D " D / Y " Y " Y " Y					
City	State	Zip Code	Transaction ID: PR798114411284					
<u>Lansdale</u>	PA	19446-1671	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		54.00					
Name of Employer London Life Reinsurance	Occupation							
Company Receipt For:	Presiden	t & CEO e Year-to-Date ▼	_					
Primary General	riggrogate		P/R Deduction (\$27.00 Bi-					
Other (specify) ▼		270.00	Weekly)					
Full Name (Last, First, Middle Initial) C. Mr. Maurice Perkins			Date of Receipt					
Mailing Address 101 Constitution Ave, N Suite 700	W		M " M / D " D / Y " Y " Y " Y					
City	State	Zip Code	Transaction ID: PR805149111284					
Washington	DC	20001-2133	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		136.66					
Name of Employer American Council of Life	Occupation		7					
Insurers Receipt For:		sident, Federal Relations e Year-to-Date ▼	-					
Primary General	991 ogaic		P/R Deduction (\$68.33 Sem-					
Other (specify) ▼		956.63	i-Monthly)					
SUBTOTAL of Receipts This Page (optional)			240.66					
TOTAL This Period (last page this line number o	nlv)							

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 19/23 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) A. Mr. Wayne A. Mehlman Date of Receipt Mailing Address 101 Constitution Avenue, NW M M / D D Suite 700 City State Zip Code Transaction ID: PR904819511284 Washington DC 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer American Council of Life Occupation Counsel, Insurance Regulation Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Semi-Monthly) 350.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	50.00
TOTAL This Period (last page this line number only)	•	9075.92

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 20 / 23 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Nationwide PAC Date of Receipt Mailing Address One Nationwide Plaza 30 2007 City Zip Code State Transaction ID: 20901327 Columbus OH 43215 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C C00076174 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	•	5000.00

	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)		FOR LINE (check onli		AGE 21 / 23
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 23 24 28a 28b 28c	25 26 29 30k
	y Information copied from such Reports and State for commercial purposes, other than using the nar					
	NAME OF COMMITTEE (In Full)					
\rangle	American Council of Life Insurers Politica	ıl Action Committee				
	Full Name (Last, First, Middle Initial)				Transaction ID: 208957	'35
Α.	American Council of Life Insurers				Date of Disbursement	W V V V
	Mailing Address 101 Constitution Ave, N Suite 700	IW			$\begin{bmatrix} 07 \end{bmatrix}$ $\begin{bmatrix} 23 \end{bmatrix}$	ž 0 Ď 7 Š
	City	State Zip Code			Amount of Each Disburse	ement this Period
	Washington Purpose of Disbursement	DC 20001				550.00
	In-Kind for Room Rental and Staff Solici			011		,.,,,
	Candidate Name Robert Andrews		ı	tegory/ Type		
	Senate 2	sement For: 2008 X Primary General Other (specify)			In-Kind for Room Rent and Staff Solicitation t me/facilities	
	State: NJ District: 1					
В.	Full Name (Last, First, Middle Initial) Ridgewells, Inc.				Transaction ID: 208959 Date of Disbursement	960
	Mailing Address Attn: Accounting Depar 5525 Dorsey Lane	tment			07 / 27 /	Ž 0 Ď 7 Š
	City Bethesda	State Zip Code MD 20816			Amount of Each Disburse	ement this Period
	Purpose of Disbursement In-kind for Catering for 8/1/07 Event			011	L	227.66
	Candidate Name Robert Andrews		Ca	tegory/ Type		
	X X	sement For: 2008 X Primary General Other (specify)			In-kind for Catering for 8/1/07 Event	r
C.	Full Name (Last, First, Middle Initial) ACLI Services, Inc.				Transaction ID: 207284 Date of Disbursement	162
	Mailing Address 101 Constitution Ave, N	IW			07 / 12 /	ž 0 0 7 [°]
	City Washington	State Zip Code DC 20001			Amount of Each Disburse	ement this Period
	Purpose of Disbursement In-kind for room rental			011	L	250.00
	Candidate Name Sen. Trent Lott		Ca	tegory/ Type		
		sement For: 2007 X Primary General Other (specify)		7 F -	In-kind for room rental	
١	UBTOTAL of Disbursements This Page (optional					1027.66
						1027.66
, ,	OTAL This Period (last page this line number only	f)		🕨		. 0=1.00

SCHEDULE B (FEC Form 3X)

	CHEDULE B (FEC Form 3X)		erate schedule(s)		OR LINE	NUMBE	R:			PAG	E 22/	23
	EMIZED DISBURSEMENTS	for each Detailed	category of the Summary Page	È	21b 27	22 28a		23 28b	П	24 28c	25 X 29	26 30l
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam-											
abla	NAME OF COMMITTEE (In Full)											
$ \rangle$	American Council of Life Insurers Political	Action Co	mmittee									
Α.	Full Name (Last, First, Middle Initial) Jerry Klein Campaign Committee					Trans Date				94250 nt)	
	Mailing Address P.O. Box 265					0 ^M 7	М	/ D	0 9	/ Y	ž 0 Ŏ	7 ^Y
	City Fessenden	State ND	Zip Code 58438			Amou	ınt o	f Eacl	n Dist	oursem	ent this	Period
	Purpose of Disbursement Jerry Klein, STATE SENATE ND			01	1	L.					300.	.00
	Candidate Name Senator Jerry Klein			ate(gory/ be							
		ement For: Primary Other (spe	2007 General			Jerry ND	Klei	in, S	TATE	E SEN	ATE	
	State: ND District: 14 Full Name (Last, First, Middle Initial)					Trans	anti	on ID	. 200	395717	7	
В.	North Dakota Dem-NPL House Caucus					Date M_		sburs				_ Y
	Mailing Address Kennedy Center 1902 East Divide Ave					0 7				L	žoŏ	
	Bismarck	State ND	Zip Code 58501			Amou	int o	Each	n Dist	oursem	ent this 150.	
	Purpose of Disbursement Candidate Name			01 ateo	gory/		•		•	•	130.	.00
	Office Sought: Senate President State: Disburse	ement For: Primary Other (spe	General ▼									
С.	Full Name (Last, First, Middle Initial) North Dakota Dem-NPL Senate Caucus					Trans				395718 nt	3	
	Mailing Address Kennedy Center 1902 East Divide Ave					o ^M 7	М	/ D	2 ^D	/ Y	ž 0 ŏ	7 ^Y
		State ND	Zip Code 58501			Amou	ınt o	f Eacl	n Dist	oursem	ent this	
	Purpose of Disbursement			01	1						500.	.00
	Candidate Name			ateç Typ	gory/ be							
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼									
								-			950.	00
Ls	UBTOTAL of Disbursements This Page (optional)			 		-	-	-		•	930.	00
IТ	OTAL This Period (last page this line number only)											

S	CHEDULE B (FEC Form 3X)	Use sep	erate schedule(s)		OR LIN	_		l:		P/	GE	23 /	23	
IT	EMIZED DISBURSEMENTS		category of the	(C	heck o	Ć.	´ -	_	_	_	_		_	
		Detailed	Summary Page	┈	21b 27		22 28a	23 28b	,	24 28c	X	25 29	Н	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name												s	
$\overline{}$	NAME OF COMMITTEE (In Full)													
\rangle	American Council of Life Insurers Political	Action Co	ommittee											
	Full Name (Last, First, Middle Initial)					Т	ransa	ction I	D: 2	206942	53			
۹.	North Dakota House Republican Caucus						Date of	Disbu	ser	ment				
	Mailing Address c/o Nicole Weiler 526 Munich Drive						0 ^M 7	/ [0 9	9 /	ž	0 ŏ 7	7 ^Y	
		State	Zip Code			P	\moun	t of Ea	ch E	Disburse	ment	this I	Period	k
	Bismarck	ND	58504				-	-	-		-	500	20	
	Purpose of Disbursement			01	1						-	500.	00	
	Candidate Name			Cated Typ	, ,									
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼											
						-								
3.	Full Name (Last, First, Middle Initial) North Dakota Senate Republican Caucus							Disbu	ser			· V	V	
	Mailing Address c/o Lisa Stenehjem 2421 North 4th Street]	0 7]	0 9	9 /	Ž	o ŏ 7	7 1	
	<i>y</i>	State ND	Zip Code 58503			<i>A</i>	Amoun	t of Ead	ch [Disburse	-	-		t l
	Purpose of Disbursement			01	1						_	500.	00	
	Candidate Name			Cate Typ										
	Office Sought: House Disburse Senate President District:	ement For: Primary Other (spe	General ecify) ▼											

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<u> </u>	1950.00